

2753

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

| 1. PLACE OF DEATH | | Arizona State Board of Health | | BUREAU OF VITAL STATISTICS | | STATE FILE NO. 496 | |
|---|---|---|----------------|--|--|---|------------------------------|
| STANDARD CERTIFICATE OF DEATH | | COUNTY <u>Maricopa</u> | | STATE <u>ARIZONA</u> | | REGISTERED NO. <u>183</u> | |
| TOWNSHIP <u>Buckeye</u> | | CITY <u>Buckeye</u> | | OR VILLAGE | | WARD | |
| LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED | | YRS. <u>2</u> MOS. <u>2</u> DS. <u>0</u> | | HOW LONG IN U. S. IF OF FOREIGN BIRTH | | YRS. <u>2</u> MOS. <u>2</u> DS. <u>0</u> | |
| 2. FULL NAME <u>Mary Thompson</u> | | HOW LONG IN STATE WHEN DEATH OCCURRED | | YRS. <u>2</u> MOS. <u>2</u> DS. <u>0</u> | | | |
| (A) RESIDENCE NO. <u>Buckeye</u> | | ST. <u>11</u> | | WARD <u>10</u> | | (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | | | |
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WID. <u>Married</u> OWED, OR DIVORCED, (WRITE THE WORD) | | | | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED <u>W. J. Thompson</u> | | | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5-1875</u> | | | | | | | |
| 7. AGE | YEARS <u>63</u> | MONTHS <u>9</u> | DAYS <u>25</u> | IF LESS THAN 1 DAY, HRS. OR MIN. | | | |
| OCCUPATION | 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. | | | | | | |
| | 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. | | | | | | |
| | 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Jan. 20-37</u> | | | | | | |
| 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION | | | | | | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Clarkeville, Texas</u> | | | | | | |
| | 13. NAME <u>Tom Roberts</u> | | | | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u> | | | | | | |
| MOTHER | 15. MAIDEN NAME <u>unknown</u> | | | | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u> | | | | | | |
| 17. INFORMANT <u>A. Lamb</u> | | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Phoenix</u> DATE <u>1-31</u> , 19 <u>37</u> | | | | | | | |
| 19. EMBALMER <u>Arizona Funeral Home</u> LICENSE NO. <u>1-31</u> | | | | | | | |
| 20. FILED <u>1-31</u> , 19 <u>37</u> REGISTRAR <u>B. J. Shaw</u> | | | | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | | | | |
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 30, 1937</u> | | | | | | | |
| I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan. 25</u> , 19 <u>37</u> TO <u>Jan. 30</u> , 19 <u>37</u> | | | | | | | |
| LAST SAW HER ALIVE ON <u>Jan. 30</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7:30 a.m.</u> | | | | | | | |
| THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: | | | | | | | |
| <u>Influenza</u> | | | | | | | DATE OF ONSET <u>1-21-37</u> |
| OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: | | | | | | | |
| <u>Lobar Pneumonia</u> | | | | | | | <u>1-30-37</u> |
| NAME OF OPERATION <u>Divided</u> DATE OF <u>1-30-37</u> | | | | | | | |
| WHAT TEST CONFIRMED DIAGNOSIS? <u>Divided</u> WAS THERE AN AUTOPSY? <u>No</u> | | | | | | | |
| 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19 <u>37</u> | | | | | | | |
| WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) | | | | | | | |
| SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE | | | | | | | |
| MANNER OF INJURY | | | | | | | |
| NATURE OF INJURY | | | | | | | |
| 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> | | | | | | | |
| IF SO, SPECIFY (SIGNED) <u>Kapel Jeffery</u> , M. D. | | | | | | | |
| (ADDRESS) <u>Buckeye, Arizona</u> | | | | | | | |